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ABSTRACT

Because of the need for trained personnel to help people cope with their problems, the focus must shift from training persons who give direct services to training persons who function as consultants. The consultant works with a consultee (who is often a parent or a teacher) to help a third party (who is often a client). The author presents a conceptual mode to describe the functions of a consultant. The first stage involves the request for consultation during which the consultant acquires important information regarding the nature of a client's problems, environments and abilities. The second stage identifies the problem behavior, and observes or assesses client behavior. Factors which are maintaining the client's undesirable behavior are identified to determine whether the client requires referral. If not, consultant and consultee agree on the desired behavioral changes to be initiated. If the consultant judges that the consultee is capable of helping the client change his behavior, then he trains the consultee to implement specific recommendations to initiate positive change in the client. Finally, an evaluation of the effectiveness of the procedure is made. (SE)

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A CONCEPTUAL MODEL FOR HOME-SCHOOL CONSULTATION

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The Need for Consultation

A major challenge confronting the helping professions is that of providing the necessary services to those who need them. The population from which we draw counselors, psychologists, and other mental health personnel is already being drained to its maximum capacity. The growth of the population in this country and the continuous technological change will likely increase the variety and frequency of behavioral problems. Furthermore, the public is not entirely convinced that these helping professions are a viable solution for the vast array of behavioral problems. There seems to be ample data which indicates the widespread use of drugs, the apathy of students at all levels of the educational process, and the large numbers of unemployed graduates of high schools and universities. The obvious question is what are the helping professions doing to alleviate these problems.

The increased concern about the effectiveness of the helping professions is reflected in administrative decisions regarding staffing. All too often when budgets are cut, these services are reduced. Furthermore, by reducing the number of professional personnel equipped to deal with these problems, the number of people directly receiving treatment is reduced. There is evidence now which suggests that only 10 to 20% of persons who manifest various behavior disorders are being dealt with with directly through various "helping agencies", e.g., School Counseling Programs, Mental Health Centers,

etc. (Caplan, 1970). One must conclude, then, that in the future, perhaps more than in the present, the shortage of persons in the helping professions will necessitate that behavioral problems be dealt with by those other than "professional helpers" who relate directly to the client in his natural environment.

Consequently, the focus must shift from training persons who give direct services to training persons who function as consultants. The consultant is one who works with another person (consultee) to help a third party or parties (Dustin & Burden, 1972). The consultee is often a helping adult such as a teacher, parent, or case worker. Although this person receives the attention of the consultant, it is the third party who is the focus of intervention (Dustin & George, 1973). For example, when a parent contacts a case worker for help with his/her child, the parent is the consultee and the child is the client. Consulting is the direct communication between the consultant and the consultee. It is the consultee who is helped to deal directly with his clients. The process of helping the client by direct communication is often called therapy or counseling. Although there is outcome evidence supporting the efficacy of consulting, there is very little research or writing describing the consulting process (Mayer, 1973).

Because of the wide range of definitions of consulting, it is difficult to determine its effectiveness and particularly to specify the conditions, times, persons, and problems with which it can be effective. These definitions are often vaguely defined and fail to provide specifications for what the consultant will be doing on the job. Unless a systematic analysis is made of the consulting process, there are no standards by which the counselor or psychologist can compare their own practices.

Consultant Role

The primary role of the consultant is (a) to assist the consultee (e.g., parents, teachers,) in specifying the desired terminal behaviors for the client, and (b) to facilitate the consultees acquisition and implementation of the mutually agreed upon procedures. The effectiveness of the consultant is ultimately based upon his ability to facilitate the consultee in reaching his/her objectives with his client.

It is possible to systematically analyze and synthesize consulting into a model whereby counselors or school psychologists can examine the various steps of the consulting process and compare their own procedures with other recommended

strategies. This would require systematically operationalizing each step of the consulting process and would facilitate the consultant's assessment of his effectiveness with his consultee.

Consulting Process

Each component of the consulting process is listed as follows:

PLACE FIGURE 1 ABOUT HERE

1.0 Request for Consultation

The request for consultation may be made through personal contact, telephone, or more indirectly. The request may be a detailed account of the condition of the client, in addition to a specific set of questions about the nature of the problem and how the consultee might deal with it. If there is direct communication, the consultant may ask for supplementary information not only about the client's behavior but about the consultee's environment and possibilities for referral and modification in management. If at all possible the contact between the consultant and consultee should be direct as possible. The consultant will want to know: (1) the situational context in which the client's behavior occurs, more specifically the norms of that setting, the frequency of behaviors, and the kinds of behaviors which are rewarded and punished in that setting. The consultant can use this information to assist him in gathering additional information about the client

and more importantly to make a report to the consultee. This is critical because often the consultee (parent or teacher) may wish the consultant to assume responsibility for the client. That is, the apparent request for consultation may in fact be a referral of a client to the counselor.

Often the consultant is not in a position to collect information about the client. In this case, the consultant can request the consultee to provide additional client information and may thereby elicit further cooperation of the consultee. Rather than perceiving these as unnecessary intrusions, the consultee will often interpret this as a sign that the consultant is interested in the consultee's dilemma.

At this stage the consultant attempts to "build rapport" by "being nice" and "interested" in what the client is saying. The consultant can differentially reinforce the consultee with his approval and attention when be becomes "positively reinforcing" to the consultee (Tharp & Wetzel, 1969).

2.0 Problem Identification

2.1 Identification of the Problem Behavior

The establishment and development of the relationship between the consultant and consultee can be further facilitated through the specification of problem behaviors. If teachers are attempting to describe the disruptive or inappropriate behaviors of their students, the consultant must assist them in specifying these behaviors in observable terms. This can be encouraged through the consultant's use of reinforcement. Moore & Sanner (1969) note that during the consulting relationship, the consultant can respond in order to reinforce the teacher's descriptive statement of behavior. When the parent or teacher

responds with vague (non-performance) descriptors such as "aggression" or "hostility" or "poor attitude", the counselor or psychologist should determine what the parent or teacher means by these vague descriptors. For instance, how is a "good attitude" manifested? Does it mean that the child will volunteer answers more often? Does it mean that he will smile more? Does it mean that he will comply with parental requests? Unless the problem behavior is specified in observable terms the effectiveness of the consultant's assessment and evaluation procedures will be reduced.

2.2 Observation or Assessment of Client Behavior

Observation of behavior is a critical factor in the behavior change program in that the consultant must first verify the teacher's or parent's perception of the problem. Problematic behaviors can be assessed in terms of either behavioral excess (excess in either frequency, intensity, duration, or inappropriateness) or behavioral deficit (deficit in terms of either frequency, intensity, or appropriateness). (Gottman & Leiblum, 1974). Behavioral deficits refer to behaviors which never occur or which occur too infrequently while behavioral excesses refer to behaviors which occur too frequently. This distinction is necessary in order to determine whether intervention should address the increment or acquisition of responses or the decrement of responses. In order to make this determination, one must observe the frequency of the behavior and compare this to the preestablished norms or expectations of the consultee for desirable behavior.

It is critical that someone, preferably the consultant, verify the problematic behaviors reported by the consultee. Observations by a second party will be helpful in determining if this is a common classroom behavior

or if it is specific to one child. Once the consultant has made observations, the consultee (parent or teacher) can clarify with him/her which behaviors are referred to by the terms "hostile" or "aggressive". If there is a discrepancy between what the parent or teacher reports and what is observed, it may be necessary for the consultant to probe the parent or teacher for more information. At this point, the counselor or therapist must determine a reason for the discrepancy and decide who owns the problems.

2.21 Controlling Factors

Once the problem has been verified, those factors which are maintaining the client's undesirable behavior must be identified. Feedback from these observations can serve as a basis for designing a behavior change program. That is, observational data may show patterns in behavior such as the reinforcers which are maintaining undesirable behavior.

When is the problem stronger?

When is the problem less severe?

In what situations is this problem most evident?

In what situations is this problem less severe?

Why do these contrasts exist?

What are the positively reinforcing consequences of the behavior?

What are the negatively reinforcing consequences of the behavior?

What intervention has the consultee or client tried to handle the problem?

In order to obtain this information, the counselor or therapist might provide the consultee with a set of procedures for observing the client. Observations should be systematic and therefore behavior to be observed should

be discrete enough to make systematic observation possible. By concentrating on one client at a specific time, the consultee is able to reduce the complexity of the problem and allow him to analyze the situation for relevant information. For example, the child may be talking to another child during a particular instructional activity. Further examination might reveal that he had completed his work and that the talking occurs only when work is completed. The consultee (teacher) might observe others to see if talking occurs at the end of a lesson. If it does, the consultant and the consultee might consider some strategies to encourage the children to move on to the next lesson.

2.22 Determine whether Referral is Necessary

Once the problematic behavior and the controlling factors have been verified, the consultant and the consultee must determine whether the nature of the client's problem warrants a referral to a specialist. Whether referral is necessary is contingent upon the consultee's skills in modifying the client's behavior within the natural environment. This is often determined by whether the consultee possesses valued reinforcers, and can dispense them on contingency. In cases of brain damage, or severe retardation or extreme maladaptive behavior, an outside referral source should be consulted.

3.0 Identification of Desired Behaviors

While it is important for consultees to describe maladaptive behavior in performance terms, it is also essential that alternative behaviors to be exhibited by the child be described operationally. These alternative behaviors should be positive alternatives to the negative behaviors to be extinguished.

What desirable behaviors does the consultee wish to increase?

What desirable behaviors does the client wish to increase?

When teachers or parents are uncertain about what they consider to be desirable, it may be helpful for them to identify a few 'well-behaved" students and observe their behavior. Once this list of behaviors has been formulated and operationalized, teachers, parents, and pupils can determine when the behavior has occurred.

Although there is general agreement about the selection of desirable behaviors, sometimes complete accord is not reached. Who has the right to specify a desirable behavior for an individual--the child? the teacher? the consultant? When the consultees (parent or teacher) disagree, further discussion between the concerned parties must be reached before a program is instituted. As a general rule, consent from parents and other legal guardians is necessary before the intervention program is implemented. For maximum program effectiveness, agreement on target behaviors by potential consultees is imperative. With older children the client should agree with the selection of the consultees and the behaviors to be targeted.

3.1 Determine who Provides Consequences for the Desirable Behavior.

The answer to the critical question determines whether a relationship is primarily for consulting or therapeutic purposes. If the consultee is in a position to consequate undesirable behaviors, then a consulting relationship exists. Conversely, if the consultee is not in a position to consequate the undesirable behavior and the counselor must assume this responsibility, then a counseling or therapeutic relationship exits. Obviously, the problem as well as ownership of the problem must first be specified. For

instance, if the teacher makes numerous demands on Jimmy or reports she becomes "irritated when she's with him", the problem may well be the teacher's, depending upon whether this problem generalizes to other situations. That is, the teacher is the client if the goal is to produce changes in him/herself. However, a consulting relationship exists if the goal is for the teacher (consultee) to produce desirable changes in him/herself in order to effect desirable changes in the child (client). For example, Thoreson reduced anxiety in teachers which in turn produced desirable behavior in their children.

4.0 Make Recommendations

In formulating recommendations, the consultant should first recommend what should be done immediately, or in the near future, with the current resources available. Such action should be taken with regard to achieving a specified goal. Each step of the behavioral change program should be stated behaviorally and presented in outline form. Any reluctancies on the part of the consultee should be discussed at this time. A consultee may say that he/she wants to help a client but in actuality he/she is angry with the client and resists working with him. Unless this resistence is acknowledged and the consultee's role is specified, the program should not be implemented. The consultant can often elicit a commitment from the consultee through a verbal agreement or a written contract.

5.0 Implementation of Recommendations

The implementation of the consultant's recommendations is a critical matter for the consultee. Since he is assuming responsibility for the client, it is his perogative to accept or reject the consultant's suggestions.

The latter should be of such a nature that if the consultee decides to accept them, he can implement them with the resources immediately available. It is imperative that the consultee be able to implement strategies within his/her role position. It is important that others in the environment are aware of the program so the consultee can be rewarded rather than punished for his/her efforts.

5.1 Specify Who Will Monitor Which Aspects of the Program

Often before the recommendations can be accepted or rejected by the consultee, the responsibilities of the consultant and consultee must be considered. For example, questions such as the following must be answered:

When will treatment begin?

How long will treatment last?

Who will analyze the data?

What are the specific responsibilities of the consultant and consultee during the treatment program?

The consultant often finds it necessary to reinforce the consultee's use of appropriate behavior. This immediate and frequent reinforcement is necessary until the progress of the client begins to reinforce the consultee's behavior. For example, once it has become apparent to the teacher that his behavioral change program is effectively modifying pupil behavior, the consultant can reduce the amount of praise, charts, and graphs. Traditionally, the consultee, (teacher or parent) should design and be responsible for executing the program, while the consultant should provide support and offer assistance.

Periodic meetings of the consultant and consultee to discuss the success

of the program are helpful. If the program objectives have been reached, the consultant and consultee might discuss wider implementation or follow-up of the program.

5.11 Will Training be Provided for the Consultee?

Many consultees will require assistance from the consultant in finding out how to go about implementing his recommendations. This is often an essential part of the consultant's contribution and is another reason why he should discuss his written recommendations with the consultee.

There are a number of ways the consultant can determine whether the consultee needs additional training. First, the consultant might ask the consultee to role-play to determine whether the consultee has the necessary skills to modify the client's behavior. The consultant might observe the consultee during treatment to insure that treatment is being properly implemented. If the consultee needs additional skills, the consultant might provide written materials and/or vidio tapes which model the desired behavior. Furthermore, the consultant might demonstrate the necessary skills to the consultee and then ask the consultee to rehearse them until they are mastered.

5.12 Who will Provide Reinforcement to the Consultee, Client and even the Consultant?

The latter question is critical because the ill fate of many projects may be partly attributable to the changing reinforcers experienced by the staff. Initially, such positive reinforcers as prestige might be predominant while later in the program, boredom with routine, failure of clients to improve, often become prominent.

The consultant in this instance can pre-specify goals for himself and the consultee. Furthermore, the consultant should identify colleagues who might be supportive of his efforts in order that reinforcement is maintained.

6.0 Evaluation

Evaluation should be based upon the mutually agreed upon objectives of the consultant and the consultee. Behavioral data should be collected at baseline(pre-treatment) and the treatment period when the consulting process begins. The behavioral data must be recorded or analyzed in order to demonstrate that a relationship exists between the behavior to be changed (remaining in seat), for instance, and the procedures which will be instituted (reinforcement, extinction, etc.)

One of the most common ways to demonstrate a functional relationship is to reverse the behavior change procedure or withdraw treatment (Sulzer & Mayer, 1972). Once a lawful relationship has been established, the consultant and consultee should consider follow-up maintenance and generalization procedures since behavior which has been modified will persist and generalize only if the environment is supportive of the altered behavior.

In conclusion, there have been numberous attempts to seek more effective consulting procedures since it is so widely recommended as a legitimate professional responsibility (Whitley & Sulzer, 1970). Indeed, many counselors, school psychologists, and social workers want to reach more students through effective consultation. While the consulting role has been frequently discussed in the literature, there have been few attempts to design a set

of systematic procedures for its implementation. Such a set of systematic procedures provides the consultant with a model which he can use to implement and evaluate changes in the consultee and the client.

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THE CONSULTING MODEL